



EFFECTIVENESS OF SIDDHA THERAPY ON REMISSION OF CROHN'S DISEASE AND ITS IMPACT ON LIFESTYLE OF AN INDIVIDUAL- A CASE REPORT

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ABSTRACT

Crohn's disease is a type of chronic Inflammatory Bowel Disease (*Vanni Pitham*) which is a condition mentioned by Sage Yugi in Siddha literature. This case study describes a 11-year-old female, a known diagnosed case of Crohn's disease, who failed to enter clinical remission despite standard medical therapy for 2 long years. Patient was experiencing periods of moderate abdominal cramps with vomiting and pain along with frequent diarrhoea and later on constipation, loss of appetite and weight loss from Oct, 2020. Patient also reported occasional joint pains and delayed growth milestones (in terms of height and weight). The Harvey-Bradshaw Index showed value 7 which shows mildly moderate condition of disease so depending upon severity, the patient was treated with *Siddha Thodu Varmam methods and Thokkanam Therapy* along with some diet modifications for 15 sessions with a gap of 5 days between each session. After the sessions, a vast improvement was observed in symptoms, activities, pain intensity and Quality of life (QoL) of the patient measured by Harvey-Bradshaw Index (HBI) score, Quality of life (specific to Crohn's disease) & Visual Analogue Scale (VAS). CDEIS (Crohn's Disease Endoscopic index of Severity) was also measured which clinically confirmed about clinical remission in follow-up colonoscopy without need for medications and showed no signs of CD.

KEYWORDS

Crohn's disease, Thodu Varmam therapy, Thokkanam therapy, Quality of life, Clinical Remission, Endoscopic Index of severity

I. INTRODUCTION

Crohn's disease, a type of chronic Inflammatory Bowel Disease (*Vanni Pitham*) mentioned by Sage Yugi in Siddha literature is characterized by Inflammation and Ulceration in Terminal Ileum and colon, although it can affect any part of the Intestinal canal [1]. Crohn's disease is usually classified as mild-to-moderate or moderate-to-severe [2]. Etiology of the condition is uncertain & it is thought to be provoked by a combination of genes, diet and environmental changes, immunity, and an abnormality of gut bacteria [2]. Records show recurring flare ups in CD, followed by periods of inactive disease and remission, with variable duration and intensity [2]. Studies show that the majority of patients do not achieve prolonged and complete clinical remission [3]. In recent times, data shows there is rising incidence and prevalence of Crohn's disease in India topping the Southeast Asian (SEA) countries, mainly due to unhygienic conditions and geographical location [4]. In case of India, there appears to be a North-South divide with more ulcerative colitis (UC) in north and Crohn's disease, more presence in the southern part of India. It can affect anyone but studies shows its prevalence more in young adults and adolescence with more of female domination and higher mortality rate among them [5].

In CD, Modern medicine provides resolution to acute flare-ups and at times subsides its affects for reasonable amount of time but are not 100% curative [6]. Clinical manifestations of CD including intestinal (i.e diarrhoea or constipation, abdominal pain/swelling, ulcers) and extra-intestinal (i.e. peripheral arthritis, aphthous stomatitis, uveitis, and erythema nodosum) causes fatigue and weakness among patients [7,17]. A person can have excruciating pain or so many bowel movements a day that they can't leave the house and thus feels disruptive in their daily lifestyle. Reports show flaring of symptoms frequently has caused patients having psychological depressions affecting their work performance and Quality of life (QoL) [8].

To reduce side effects and continuous dependency of medicines in chronic diseases, many patients are adopting Complementary alternative medicines (CAM) and therapies for maintaining a better Quality of life [9]. Published studies show that current use of alternative therapies for CD not only by North American and European patients but also South eastern countries and have increased from 34% to 60% [10–12]. The rates of CAM use in India vary according to geographical origin. Various Alternative Medicine's like Homeopathy, Unani, Ayurveda, Siddha are popular in India. Homeopathy is more commonly reported by North Indian patients while Southern India

shows more affection to traditional therapies like Ayurveda and Siddha[13].

In recent times, Siddha therapy, an ancient traditional therapy is gaining popularity all over Southern part of India for diseases like Irritable Bowel Disease, CD. Siddha system is bestowed with various special therapies of few which are Pressure Manipulation Therapy (*Varmam*), Physical Manipulation Therapy (*Thokkanam*), *Pranayamam* and *Yoga* that have proved to be beneficial in managing the symptoms of such chronic disease like CD[13]. Few studies have shown vast improvements in intestinal disorders and spinal issues by *Thodu Varmam* therapy [14]. *Varmam* therapy is a drugless, non-invasive, simple therapy used in pain management by pressing, massaging, tapping & lifting. In Siddha, the therapeutic stimulation of specific energy points (*Thodu Varmam* - junction of muscles, nerves, veins, arteries, capillaries) where the pranic energy or vital energy is stored through which energy is transmitted to various parts of the body and all the functions of the body are mediated. These points when stimulated increase the flow of energy, heal disease or boost the immune mechanism. *Thokkanam* is one of the 32 external therapies in Siddha concurrent to pressure manipulation therapy where external pressure is applied [15-16].

Our aim of presenting this case study is to see whether "Siddha therapy is affective on pain and symptoms of Crohn's Disease, remission and its impact on Quality of Life of the CD patients" which was determined by using Harvey-Bradshaw Index (HBI) score, SIBD Scale related to Quality of life, VAS scale, and CDEIS while adhering to the Guidelines adopted for practice of Siddha Varmam Therapy. It is important to elaborate the Crohn's disease, a type of IBD (*Vanni Pitham*, mentioned in the Siddha literature), to get a better insight of the disease and valid explanation; so that this study might form the basis for the management and treatment of the CD in future including the validation of the literature.

Participant Information

A 11-year old female with a 2 year history of Crohn's Disease (CD) presented herself in Chakrasiddh Centre in June, 2022 with moderate and persistent flare of her disease symptoms. She appeared pale, fatigued and anaemic. She had the complaints of intermittent, mild to moderate pain 4.9/10 occurring for 1-2 minutes, about 2 times per day. Pain usually presented either prior to, or post meals, and was relieved by belching, passing gas or defecation. Due to continuous use of anti-

diarrheal medications, she has developed constipation. She is having acidity issues and there was a C/O smelly perspiration too. She felt flaring of her joint pains sometimes especially in her feet, toes and hands, with sounds coming on movements. Patient also reported eczema at certain places which were itchy, uneven and noticeably increasing at other places too. Her hunger pangs were normal but if there was a delay in meals, there was a sense of nausea and vomiting. The patient had light sleep due to nasal congestion and sometimes due to discomfort in abdominal region.

The issues also affected normal growth patterns and were reflected as a delay/lag in the child's weight and height chart for age.. This was causing a concern to her parents as the child was losing her confidence, had low energy and was stressed out. On doing physical examination and based on radiological reports, the patient was diagnosed as Crohn's Disease- a type of Inflammatory Bowel Disease (*Vanni Pitham*) a condition mentioned in Siddha Medicine.

2.1 History of Past Illness

Patient was apparently healthy 2 years back, when she started complaining of moderate to severe, intermittent abdominal pains in periumbilical area with a severity of 6-8/10 with frequency of 7 to 8 times/day and for 1-2 mins. Patient experienced pain along with frequent watery diarrhoea and loss of appetite at start of disease thus had severe weight loss in last one year (5-6 kgs in last 3 months). On taking her BMI, there was sudden fall in values in 2020, Nov. She was advised by her Paediatrician to visit a Gastroenterologist and also for other Lab reports to diagnose her condition.

Laboratory Investigations revealed decrease in Hb level, elevated ANCA and Calprotectin (1710 mcg/g) levels, indicating need for endoscopy and biopsy which was performed in Nov 2020. They further revealed chronic ileo-colonic inflammation and granulomas in the ileum and was diagnosed to be a Crohn's disease - A type of IBD in 2020. Following the diagnosis in 2020, the patient was initiated on a short course of steroid therapy as symptomatic treatment for resolution of inflammation.

Exclusion diet therapy(CDED) was chosen for management of disease. Initially, the evolution was favourably controlled by corticosteroids and dietary restriction (CDED) resulting in reduction of Calprotectin levels to 600 mcg/g, but the response was short lived and within 6 months, the inflammation began increasing, with Calprotectin reaching at 3360 mcg/g. The Gastroenterologist further advised for assessment by endoscopy and biopsy again in mid-2021.

Biopsy showed the relapse of Inflammation and ulceration in Duodenum, mild lymphangiectasia and mildly active ileitis with non-necrotizing granulomata in small intestine. In colon, chronic moderate to severely active Acute colitis was observed with crypt abscesses and

focal ulceration. In descending colon, patchy lymphoid hyperplasia with loose histiocytic aggregate was clearly visible. (**Fig-1, Table-1: Pre and Post treatment Endoscopic view & report of the colon**).

After the endoscopy, Remicaide infusions were initiated (every 8 weeks) along with diet therapy, with a goal to achieve remission promptly. The calprotectin levels repeated every 2-3 months have remained within normal range(<50 mcg/g) since then. The pain frequency has reduced significantly with intermittent pain 3/10 which flares to 5 often occurring for 1-2 minutes, about 2-3 times per day. The watery stools have also stopped but now the c/o constipation is there causing abdominal discomfort.

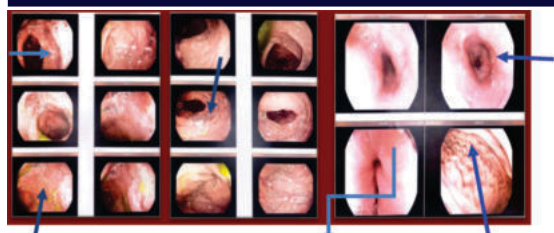
Pre Treatment Colonoscopy picture (June-2020) Post-Treatment Colonoscopy with no ulcerations(Aug-2022) anverse, descending, and sigmoid and rectum, and some difficulty entering the ileocecal valve. The colonic mucosa revealed friability, multiple tiny ulcers and mucosal edema. Biop-sies were obtained throughout the colon and confirmed UC.

Since the patient had persistent and progressive symptoms, with worsening clinical parameters, given the failure of previous conventional therapy, the SCD was recommended and initiated using Elaine Gottschall's book as the guide [3]. She proceeded to completely exclude wheat, soy, barley, corn and limited rice. No other dairy products other than daily yoghurt were included. Sugar was limited to honey. No starchy vegetables were eaten and potatoes were eliminated. She ate mostly fish, lean meat, certain fruit and restricted nonstarchy vegetables.

Following this highly restricted diet, within a period of 3-6 months, the patient started noticing improvement with decreased frequency as well as firmer consistency of the stools, blood in the stools was absent and abdominal pain resolved. Within 6 months, she was able to return to her normal activities and career as a physician. Weakness and fatigue dissipated, while weight remained stable, without any regain. Anemia was found to have resolved, and hemoglobin was in the normal range. She continued with strict adherence to the diet due to the remarkable recovery, with dissipation of all of her symptoms over the next 18 months. Subsequent colonoscopy done 2 years after starting the diet was conducted in December 2012, and findings on endoscopy showed a remarkable absence of any inflammation (fig. 2). Biopsies obtained simultaneously confirmed the complete remission of UC with no inflammatory activity present. Since this time, she has noted that accidental consumption of wheat, peppers and other nonapproved SCD foods caused acute flare-ups, and the prompt elimination of these foods resulted in improvement of symptoms within a few days. She has not required hospitalization or additional therapy for UC since the institution of the diet and continues to be essentially in remission from the IBD. A few episodes of self-limited diverticulitis have been noted since.

Table 1: Pre and Post treatment Colonoscopy Report

	Endoscopy and Biopsy Findings - June 2021	Endoscopy and Biopsy Findings- August 2022 (after 2 mths of treatment)
Esophagus, distal, mucosal	Focally reactive squamous mucosa. No intraepithelial eosinophils	
Stomach, mucosal biopsies	Oxyntic an intra-mucosa with increased lamina propria Lymphoplasmacytic inflammation Negative Helicobacter pylori	Antral and oxyntic mucosa with no significant pathologic abnormality
Small intestine, duodenum, terminal ileum, mucosal biopsies	Active duodenitis with superficial erosion and focal ulceration Small intestine, terminal ileum, mucosal biopsies Mildly active ileitis, non-necrotizing granulomata present Mild lymphangiectasia	Duodenal mucosa with no significant pathologic abnormality, Terminal ileum- Ileal mucosa with no significant pathologic abnormality
Colon- Caecum/ Ascending Colon, mucosal biopsies	Chronic in active colitis, non-necrotizing granuloma present Focal crypt branching	Focal active color colitis No granulomata or dysplasia
Colon, Transverse, mucosal biopsies	Next chronic moderate to severely active colitis with crypt abscesses and focal ulceration non-necrotizing granulomata present in regions with crypt injury next time	Colonic mucosa with no significant pathologic abnormality
Colon, Descending, mucosal biopsies	Patchy lymphoid hyperplasia Loose histiocyte aggregate, no architectural features of chronicity	Colonic mucosa with no significant pathologic abnormality
Colon, Rectosigmoid, mucosal biopsies	No significant pathological abnormality	Colonic mucosa with no significant pathologic abnormality



Pre Treatment Colonoscopy picture (June-2020) Post-Treatment Colonoscopy with no ulcerations(Aug-2022)

Fig 1: Pre and Post treatment Colonoscopy Pictures

The overall impression when patient came to centre in June, 2022 was ileo-colonic Crohn's disease with mild to moderately active ileal disease. Biopsies gave histopathological confirmation of moderately active ileal Crohn's disease with moderate patchy colonic inflammation. At diagnosis, her symptoms indicated a Harvey-Bradshaw Index (HBI) score of 7, VAS value of 4.9, indicating mildly moderate disease but with intermittent flare of her symptoms which was hampering her daily quality of life valued at 8.7. To confirm the correlation between the results of clinical symptoms and endoscopic findings, CDEIS (Crohn's Disease Endoscopic Index of severity) was also done.

2.2 Outcome measures

For the assessment of patient in terms of improvement in symptoms of CD, activities, pain intensity and Quality of life; They were measured by Visual Analogue Scale (VAS), Harvey-Bradshaw Index (HBI) score, Scale related to Quality of life specific to Crohn's disease and CDEIS before and after the treatment period.

2.2.1 Visual Analogue Scale (VAS):

The patient was told to mark on Visual analogue scale for symptoms present during a flare, on a 10-cm horizontal line. The scores ranged between 0 to 10, and 28 Symptoms were evaluated for both pre & post treatment. The values were determined and compared to see the improvements.

2.2.2 The Harvey-Bradshaw Index (HBI):

The Harvey-Bradshaw Index consists of a few questions that helps to categorize the severity of Crohn's disease and detect remission. Patients answer the five questions, mainly under 5 parameters: General well being condition, Stool form, bowel symptoms, complications and Abdominal pain. and accordingly give a score based on the severity of their symptoms.

2.2.3 Quality of Life in CD (QoLCD):

The SIBDQ-32 is a QoL questionnaire specific for patients with IBDs & Crohn's disease and that includes 32 questions that are grouped into 4 variables: bowels symptoms, systemic symptoms, social function, and emotional functions. Scores ranged between 1 to 10, 1 (poorest Quality of Life) to 7-8 (best QoL).

2.2.4 CDEIS (Crohn's Disease Endoscopic index of Severity):

CDEIS (Crohn's Disease Endoscopic Index of Severity) is an index used for determining the severity of Crohn's disease with endoscopy localized to ileum and colon region. This was done to justify the correlation between the results of clinical symptoms and endoscopic findings and to evaluate pre-condition and post treatment effectiveness. The presence of ulcerated or non-ulcerated stenosis, increases the score at the end for determining CDEIS total score.

Siddha assessment methods were also noted down at admission and subsequent visits of the patient [18]. *Envagai thervu- Naadi* (pulse), *Sparisam* (palpation), *Naa* (tongue examination), *Niram* (colour of the body), *Mozhi* (speech), *Vizhi* (eye examination), *Malam* (stool examination), *Moothiram* (urine examination), The vital signs were normal. Weight was observed to be 40kgs and complete Exclusion diet therapy(CDED) details were recorded.

2.3 Pathiyam (Diet)

Diet plays a very important role in *vanni pitham* diseases. The *pathiyam* (treatment diet) mentioned for *vanni pitham* diseases was adhered during the complete treatment. The diet free from milk, sweet, sour taste, chillies, food with preservatives were avoided. Yogurt, ghee, potatoes, legumes, and primarily rice-based food prepared with vegetables, curry leaves, mint leaves etc, were added. Moreover

sprouts, green leafy vegetables & butter milk was included in the daily diet of patient. Daily intake of 3-4 lts of water was a must for the patient. After 2 treatment sessions, the patient was advised to add some chillies, some jaggery and tamarind gradually to see her digestion. At time of last session, patient was given proper instructions to follow *pathiya* rules.

2.4 Treatment Protocol

Treatment was started in June, 2022 which involved different Varmam methods mentioned in the literature like Varma Elakku Muraigal (Varma Relieving Methods), Varma Thadavu Muraigal (Varma Massage Methods), Varma Amarthal Muraigal (Varma Pressure Methods), Varma Thodu Muraigal (Varma Touch Methods) to stimulate the immunity points. From the first day of treatment patients was strictly monitored on diet and water intake. She was taking homeo medicine and had c/o acidity and had to take a laxative every night for stool passing. She was advised on reducing her intake of medicines slowly after her second or third session.

Various varmam points like *Urmi Kaalam* (4 fingers above the umbilicus), *Manipooraga Adangal* (5 finger breadths below umbilicus), *Kamberi Kalam*, *Keel Mannai Varman*, *Kavuli Kalam* and *Shakti Varman* were stimulated. The patient was told to note for increase in the weight (40.3 kgs) and her daily feedback in detail. The parents observed cheerfulness and more activeness in child. Her symptoms like hunger pangs, sound sleep saw improvement and abdominal pain and discomfort decreased.

On the second visit, firm pressure for 1 minute was applied on the following points: 3 abdominal points, 2.5 cms on the right and left side of the navel in supine position; 3 dorsal points, 2.5 cms on the right and left side between the T8 to T11 in prone position. Subsequent clockwise and anticlockwise movement to umbilicus area was done in order to improve the lymphatic drainage, thus leading to positive effects in the digestive system. Every visit was 30-40 mins and complete feedback was noted down. On 5th session, patient reported noticeable reduction in stomach pain & felt only on touching, increase in wt to 42kgs, mark decrease in acidity and overall lot of improvement in activities and behaviour. Normal exercises by a qualified physiotherapist was undertaken during sessions just to improve the flexibility. Earlier there was a C/O constipation but during treatment, patient could see remarkable improvement in the consistency of stool passing. Acidity recurrence reduced even after having her triggers like chillies and sweets. Abdominal pain had reduced from moderately severe to mild and only 2-3 times a day for 1-2 secs duration. Sounds and pain in joints was not seen now. Patients hunger pangs had increased but c/o nausea if her meals were delayed. Eczema reduced in between but saw a flare when she went out for a trip and visibly there was less effect on skin.

Before the treatment ended in July, all parameters were again taken into record. The weight had now increased to 43 kgs depicting that treatment had worked well on body symptomatically and clinically both. The patient was advised to take her colonoscopy after 2 months for comparison.

II. RESULT

After the treatment of 15 days, the pain score was calculated again on VAS scale. It was reduced from 5.2 to 2.1 for symptoms (**Table 2**). Harvey-Bradshaw Index for determining the severity of symptoms was noted to reduce from 7.0 (mild to moderate disease) to 3.0 (showing remission) (**Table-3**). SIBD questionnaire for CD related quality of life showed vast improvement in her daily life activities; values improved from 3.5 (poor QoL) to 7.6 (Good QoL). CDEIS (Crohn's disease Endoscopic Index for severity) was also taken in view to justify the correlation between clinical symptoms and endoscopic results (**Table-4**). The Colonoscopy was done after 1 month of treatment in Aug, 2022 and the results were compared. (**Table-1**). Pre and post results showed values 20.4 (severe endoscopic activity) to 1.4 (remission). Assessment of scales is mentioned at end to compare the results. (Table 5).

Both HBI (Harvey Bradshaw Index) and CDEIS (Crohn's disease Endoscopic Index for severity) showed remission clinically and confirmed by Endoscopy reports too. This confirms that "Siddha is an effective therapy on pain and symptoms of Chronic Crohn's disease with exceptional remission and has positive impact on Quality of Life of the CD patients".

Table 2: Assessment of Symptoms related Pain Before and After the treatment(Subjective Parameters) Grading

S No	SIGNS	Before Rx (n/10)	After Rx(n/10)
1	Nature of Pain	Intermittent	Intermittent
2	Frequency	4	2
3	Urgency	4	2
4	Loose stools	1	0
5	Blood in stools	0	0
6	Tenesmus	1	0
7	Difficulty in solid stool	4	2
8	Stool mucus	0	0
9	Fatigue	5	2
10	Incontinence	0	0
11	Night BM	2	1
12	Flatulence	4	2
13.	Rapid post-prandial BM	2	1
14	Insomnia	2	1
15.	Large bowel sounds	2	1
16.	Abdominal distention	2	0
17.	Abdominal pain	4	1
18.	Light headness	1	0
19.	Low back pain	0	0
20.	Joint pain	0	0
21.	Cramping	2	0
22.	Anti-diarrheal use	1	0
23.	Erythema Nodusum	0	0
24.	Eczema	8	7
25.	Fever	0	0
26.	Mouth ulcers	0	0
27.	Nausea	3	1
28.	Pyoderma gangrenosum	0	0
	TOTAL	5.1	2.2

Values of pain determined of each symptom : Pre (5.1) and Post treatment (2.2) on VAS

Table-3: Harvey-Bradshaw Index (HBI) score

Symptoms	Severity	Value	Before Rx	After Rx
General well-being	Very well	0		
	Better	1	3	1
	Poor	2		
	Very poor	3		
	Terrible	4		
Abdominal pain	None	0		
	Mild	1	2	1
	Moderate	2		
Stool form	Watery	3		
	Semi solid	2	1	1
	Solid	1		
Bowel symptom	None	0		
	Definite	1-2	1	0
	Definite with tenderness	3		
Complications	Arthralgia	1 point each	0	0
	Uveitis			
	Erthema Nodosum			
	Pyoderma Gangrenosum			
	Anal fissure			
	New fistula			
Abscess				
Total Score			7.0	3.0

Harvey-Bradshaw Index Score

Remission: <5
 Mild Disease: 5-7
 Moderate Disease: 8-15
 Severe Disease: >16

RESULTS:

Pre treatment HBI score 7.0 (mild to moderate), post treatment 3.0 (remission)

Table 4 - CDEIS (Crohn's Disease Endoscopic Index of Severity)

Variables	Pre-treatment	Post-treatment
Deep ulceration (0- none, 12 if present)	24	0

Superficial ulceration (0- none, 6 if present)	24	0
Surface involved by disease (cm on a 10 cm VAS*)	19.5	0.7
Surface involved by ulceration (cm on a 10 cm VAS*)	2.4	0
Total CDEIS score	20.4	1.4

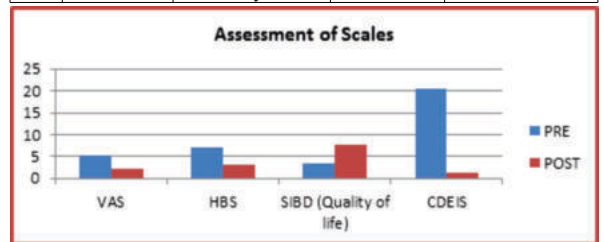
* 0-10 range (as VAS is 10 cm long)

Crohn's Disease Endoscopic Index Score

Remission: <3 Mild endoscopic activity: 3-8 Moderate endoscopic activity: 9-12 Severe endoscopic activity: >12

Table-5: Assessment of Scales Assessment of Scales Before and After the Treatment (Objective Parameters)

S No	SCALE	PARAMETERS	GRADING (Before Treatment)	GRADING (After Treatment)
1	VAS	Pain	5.1	2.2
2.	Harvey-Bradshaw Index (HBI)	Severity of Disease	7.0	3.0
3.	SIBD Ques scale	CD related Quality of life	3.5	7.6
4.	CDEIS	Endoscopy index of severity	20.4	1.4



III. DISCUSSION

Crohn's disease is a type of chronic Inflammatory Bowel Disease (*Vanni Pitham*) which is a condition mentioned by Sage Yugi in Siddha literature [19]. It affects men and women both in all age groups with more familial preponderance in a few [3]. The medical treatment involves utilizing maintenance medication/drugs such as NSAIDs, Corticosteroids, Immunosuppressants for long term and finally surgical resection to relieve inflammatory activity [4]. In case of CD, use of NSAIDs gives the temporary relief in pain but there is no remission noted [5]. The disease seems to suddenly flare up and causes a lot of disturbance in their quality of life [8]. In spite of such advancement in diagnostic modalities like ultrasound, CT scan and colonoscopy, there is no single "gold standard" indicator of this disease [6]. Due to the panic of side effects and the expensive treatment, patients are attracted towards traditional therapies like Siddha. They are non-surgical and harmless.

Crohn's disease can be well controlled on the line of management of *vanni pittam* diseases mentioned in Siddha literatures. To pacify the aggravated condition the *Varmam* and *Thokkanam* therapy was started along with diet restrictions [10]. The main objective of the treatment is to decrease pain intensity while improving the quality of life variables. After the sessions, therapy showed improvement in symptoms, activities, pain intensity and Quality of life of the patient without having any intervention of oral drugs and topical gels/oils and so has no side effects. The pre and post results of Harvey-Bradshaw Index (HBI) score, Quality of life (specific to Crohn's disease) & Visual Analogue Scale (VAS) concluded that *Varmam Therapy of Siddha* may play an important role in reducing the pain and improving the quality of life in CD patients [19]. CDEIS (Crohn's Disease Endoscopic index of Severity) measured clinically confirmed about remission in follow-up colonoscopy that too without need for medications and showed no signs of CD.

It is clear from the above case that Siddha therapy can be used as an adjunctive therapy as part of a multidisciplinary integrative approach in reducing the pain and improving the flexibility and quality of life in CD. To the best of our knowledge, this is the first study to evaluate the therapeutic effect of this kind of non-manipulative approach on this particular chronic disease.

IV. CONCLUSION

Siddha treatment is effective in improving overall health and QoL in CD patients, without the intervention of any medicines. Although, there was less effect on pain reduction after the treatment in terms of intensity but duration and frequency had shown improvement. With treatment and strict diet modifications, it is proved that this treatment is helpful in remission of the disease thus giving a better quality of life. The different varnam techniques used in the complete treatment aimed at opening the energy blockages (having low energy flow) in the body, enabling uninterrupted energy flow. This pressure release technique empowers the body's internal healing centres to effectively cure the condition and ensure long term healing of the lesions and disease condition internally and showing reduction in inflammation confirming the remission. No medical/surgical intervention was given. At present, the patient is free from all signs and symptoms, and she is leading a comfortable life by carefully adding prescribed exercises and diet in her lifestyle.

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